

## MISSOURI DEPARTMENT OF REVENUE

2003 FORM

Read instructions.Print or type.

CERTIFICATION	OF RENT PAID FOR 2003	IVIO-C	JKP				
SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY N	SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.			
2. NAME		3. LANDLORD'S	S NAME, SO	CIAL SECURITY NO.			
ADDRESS OF RENTAL UNIT (DO NOT LIST F	LANDLORD'S AI	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE					
CITY, STATE, AND ZIP CODE		4. LANDLORD'S	S PHONE N	UMBER			
(5.) RENTAL PERIOD FROM: MODURING YEAR	NTH DAY	2003	TO:	MONTH	DAY	— (2003)	
6. Enter your gross rent paid. Attach for rent paid, or rent preceipts. It	n copies of your lease agreement(s) of receiving assistance, enter the amou	r copies of cancel unt of rent YOU pa	lled chec aid	ks (front and back)	6	00	
	iter the corresponding percentage on Lir MOBILE HOME, OR DUPLEX — <b>100</b> %	ne <mark>(7.)</mark>					
B. MOBILE HOME LOT — 100%							
<ul><li>☐ C. BOARDING HOME / RESIDENTIAL CARE — 50%</li><li>☐ D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%</li></ul>							
☐ E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100%							
	i — 100% (Rent cannot exceed 40% of						
	- If you shared your residence with relati		(other th	an your spouse			
or children under 18), check the appropriate box and enter percentage.  Additional persons sharing residence/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)						%	
(8.) Net rent paid — Multiply Line 6 by the percentage on Line 7.) ENTER HERE AND IN THE BOX ON							
FORM MO-PTS, LINE 12 OR FOR					8	00	
MO 960-1090 (11/2002)	For Privacy Notice	re see the instru	ıctions			·	

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2003			200 FORI MO-C	M	Read instructio     Print or type.	ns.		
1. SOCIAL SECURITY NUMBER SPOUSE'S S				DU RELATED TO YOUR LA , EXPLAIN.	ANDLORD?	YES NO		
2. NAME		3.	LANDLORD'S	NAME, SO	OCIAL SECURITY NO.			
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O.	BOX)	LA	NDLORD'S AD	DRESS, (	CITY, STATE, AND ZIP CO	DE		
CITY, STATE, AND ZIP CODE		4.	LANDLORD'S	PHONE N	IUMBER			
5. RENTAL PERIOD FROM: MONT DURING YEAR	H DAY		003	TO:	MONTH	DAY	_	2003
6. Enter your gross rent paid. Attach co for rent paid, or rent receipts. If re	opies of your lease agreement ceiving assistance, enter the	nt(s) or copie e amount of r	s of cancell ent YOU pai	ed ched	cks (front and back)	6		00
7. Check the appropriate box and enter								
A. APARTMENT, HOUSE, MO		100%						
☐ B. MOBILE HOME LOT — 100☐ C. BOARDING HOME / RESID								
D. SKILLED OR INTERMEDIA		/IEO/.						
E. HOTEL If meals are included								
F. LOW INCOME HOUSING —			ousehold ir	ncome.	1			
☐ G. SHARED RESIDENCE — If	•							
	ck the appropriate box and ent				, , , , , , , , , , , , , , , , , , , ,			
Additional persons sharing residence/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)						7		%
8. Net rent paid — Multiply Line 6 by th	e percentage on Line(7.) ENTE	ER HERE AND	IN THE BO	X ON				
FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10.						8		00